

VENOMOUS REPTILES.

ANTIDOTES USED TO COUNTERACT THE EFFECT OF THEIR BITE.

One of Few Successful Cases on Record—How Gore Was Treated.

New York Evening Telegram.

The successful treatment of William Gore at the Manhattan Hospital during the past week for rattlesnake bite is considered by the medical fraternity as one of the most remarkable cures on record.

Up to this time, according to the best medical authorities here, the bite of a rattlesnake has, in this vicinity, been inevitably fatal, and in the few cases elsewhere that have been successfully treated, medical aid was called in immediately after the person was bitten, and the poison was checked before it left the immediate vicinity of the wound.

Even then, in the majority of cases, the patient's life was only saved by the prompt amputation of the injured limb, and in those in which no amputation occurred, the bite was trivial.

The cases of rattlesnake bites that have come under the notice of physicians in this city have been extremely rare, and the great majority of doctors know less on that subject than on almost any other. Only two hospital cases of the kind are known in this city.

The first was that of Ryan, the snake charmer, who was exhibiting a rattler at High Bridge one Sunday three years ago, was bitten on the hand by the reptile. Acting on the advice of a bystander, he went at once to the nearest saloon and drank a great quantity of whisky, which is the best-known antidote for the poison.

The man was hopelessly drunk when taken to the Ninety-ninth Street Hospital—the best possible condition he could be in under the circumstances—but, in spite of the efforts of the hospital physicians, he died in less than forty-eight hours after receiving the bite.

It was not expected that Ryan could be saved, so his death was no surprise, but the complete cure of Gore, whose case seemed to be even more hopeless than that of Ryan, is a surprise, and a new field of study to physicians has been opened in consequence.

The presence of the rattlesnakes near this city and near a summer resort patronized by thousands of pleasure seekers is not a pleasant thing to contemplate.

THE GORE CASE.

Gore, who is a stone-cutter living at Alpine, N. J., almost opposite the picturesque little town of Dobbs' Ferry, N. Y., visited a friend at Fort Lee on Sunday morning last, and was on his way home about 2 o'clock in the afternoon.

While walking through a field not far from that end of the ferry to this city, he saw the tail of a snake protruding from a hole in the ground. He was close to it at the time, and, recognizing the reptile as a "rattler," he immediately put his foot on its neck.

As he stopped to grasp its tail another snake raised itself almost as high as his knee, and, with a vicious hiss, buried its fangs in the man's left hand, between the index and third fingers.

Brought up as a boy in the country, where he claims the sight of a rattlesnake is no unusual thing, and, having once before been bitten by a copperhead snake, Gore did not consider his wound as of any great importance, but continued on his way. Before he had gone far, however, the arm swelled considerably, and the pain became so intense that he turned back and hurried to the home of a physician.

A small quantity of whisky was given Gore to drink, and the wound was bathed in ammonia, and in this condition the injured man returned home. His relatives counseled a visit to a hospital, and Gore, who thought his wound would trouble him no more, started for his work in this city. The arm, on the way to Fort Lee, swelled almost to the size of a man's head, and by the time he reached this city the pain from it had made him delirious.

His brother and a policeman led Gore to the Manhattan Hospital, and by doing so saved his life. None of the physicians at the hospital had ever treated a snake bite before, but House Surgeon Dunning at once applied the usual treatment, although he had no hope of saving the man's life. There was no way of determining whether the poison had spread through the system or not, but it was thought best to wait for a few days before amputating the arm, so as to see whether it had spread or not.

The flesh around the bite was cut away so as to produce a liberal hemorrhage, and two ounces of whisky was given him for the first few hours. He seemed at first to neither improve or decline, and the surgeon was about to amputate the swollen arm, when blood poisoning was developed.

The body became red and moist from head to foot, and it was seen at once that the poison had spread through the system. The case seemed hopeless.

All cases mentioned by the medical authorities had been much easier to treat, and Gore was not expected to live as long as the forty-eight hour limit for such cases.

One and a half ounces of whisky as a dose was given him every hour, increased at times to two ounces, and with it five grains of carbonate of ammonia.

The wound was poulticed with flaxseed and charcoal, and kept constantly wet with ammonia; and, though the patient seemed to get no better, he grew no worse. All that science could do was done for him.

The case attracted the attention of physicians from all parts of the country, and the hospital was deluged with letters asking for a description of the case, and also offering all kinds of remedies which were claimed to be infallible cures.

The physicians kept strictly to the whisky and ammonia, and the patient began to slowly improve. First the ominous color faded away, giving place to a healthy red and dry skin.

The swelling in the arm subsided little by little, and the dreaded limit of two days and nights being passed he was on Thursday night pronounced out of danger.

During the entire treatment he was stupidly drunk, except at intervals, when he was allowed to sober up a little to reduce the after effect of the whisky, and by almost the same remedies that had proved fatal in the case of Ryan. Gore, whose case was harder to treat, was cured.

CHAT WITH A PHYSICIAN.

A Telegram reporter called on Dr. Charles A. Ackerman, of West One Hundred and Thirtieth street, who has treated many snake-bites in Central America, to learn something of the treatment of snake-bitten patients.

"All venomous snakes," said the doctor, "have at either side of the anterior part of the upper jaw two long recurved fangs, movable by means of a joint between the maxillary bone and the ecto-ptyergoid."

"The poison is preserved in sacs lying behind and below the eyes. From each sac it is conveyed by a duct to a tube or canal in the corresponding fang terminating at or near the top of the latter."

"The same action strikes the fang into the victim and injects the poison into the wound it has made. Behind each fang lie others partly developed, ready to grow into its place should it be broken or extracted. The venom is a glutinous, albuminoid liquid, varying in color, but generally yellowish or greenish, and in reaction without taste or smell."

"Neither heat nor cold, acids nor alkalies, long keeping or even decomposition seems to effect its activity as a poison. When taken into the stomach it is wholly harmless, as indeed it is everywhere, except in the circulating blood. No thorough chemical analysis of the poison has ever been made, but Prof. Gautier, of Paris, has made a number of experiments and says that the poison owes its deleterious action to the presence of a neutral and not albuminoid substance and to that of another alkaloid substance comparable to the cadaveric alkaloids."

"The ptomaines, concerning which there has been of late so much discussion, and which exist in variable proportions in the saliva of all animals, is found in a state of dilution seven or eight thousand times more marked than in the poison of snakes."

"As to the effects of the venom, the amount received into the system has much to do with their severity. It is probable, also, that if the poison is discharged into the subcutaneous areolar tissue only it may induce only local irritation, while if it enters a vein and thus goes direct into the circulation the results are more serious."

"The part bitten immediately swells and becomes intensely painful, both swelling and pain extending up toward the body. Along with this there is intense congestion and ecchymotic spots appear. Very marked symptoms of shock are soon manifested—fainting, giddiness, vertigo, loss of speech, dimness of sight, with clammy sweats, great terror, nausea, vomiting, intense weakness, rapid, feeble and labored respiration."

"Death may occur in a very short time, less than half an hour in one case on record and forty minutes in another, but oftener in the course of from five to forty-eight hours. When the struggle is prolonged beyond this period the symptoms just spoken of give way to the ordinary forms of septic poisoning, and death takes place by exhaustion or failure of the nerve power."

CURES FOR SNAKE-BITE.

"Bibron's antidote enjoyed a wide reputation for some years. It consists of iodide of potassium, bromide and corrosive chloride of mercury. Ammonia has been advocated by various specialists for the last seventy years. The celebrated Dr. Short regarded potassa as a reliable antidote. It seems, however, by intelligent observation and experiments, that there is no known antidote by which the venom can be neutralized nor any prophylactic against it."

"The main effort in all cases is to prevent the poison from gaining access to the general circulation and to obviate its prostrating effects."

if its entrance has already taken place. As soon as possible after the receipt of the wound a broad ligature should be tied so tightly as to check the circulation around the lines above the limit of any swelling which may have appeared, and the wound itself should be thoroughly sucked. The poison is harmless when taken into the mouth."

"Another plan is to apply cupping-glasses over the wound. That mode of treatment was at one time strongly advocated and seemed to produce good results. Very prompt cauterization, either with a hot iron or coal, or with the potential cauter, bromine or iodine, solid or in strong tincture, may coagulate the tissues so as at least in some measure to hinder absorption."

"The hot iron will actually destroy the venom. Instant incision has seemed in some cases to prevent ill effects, or, in the case of a finger, amputation may be resorted to as more likely to remove the entire dose of the poison."

"A poultice of tobacco leaves is a favorite remedy in the West as the best local application. With this it will, of course, be proper to combine anodynes. The constitutional treatment in these cases is of the utmost importance, but is founded on the very simple principle of sustaining the strength until the poison shall have been eliminated."

"To this end stimulants are given as freely as the patient can bear them. Ammonia is valuable in this way, especially, perhaps, in the earlier stages, where its diffusibility renders its action very speedy."

"Along with it, and at a later period, whisky seems to be the most reliable of our resources. Very large quantities have been taken under these circumstances without intoxication being induced. Should life be maintained the patient does not for some time feel the need of food, but the addition of an egg to the whisky every two, three or four hours would probably prove judicious."

"The after treatment of cases of this kind will suggest itself. A condition of debility often ensues, requiring the free use of the ordinary tonics—quinine, iron, strychnia, and, perhaps, the mineral acids."

Drs. Shradly and Charles Moak, both well-known surgeons, gave about the same description of snake bites as Dr. Ackerman."

A PREACHER CURED OF DYSPEPSIA

MICCOSUKEE, Fla., Leon Co., July 20, 1888.

I have been a sufferer from indigestion, dyspepsia for a long time and have tried many remedies, but until I was induced by a friend to try your B. B. B. received no relief. Using it have found more relief than from any other treatment. I will forward to you page book for present cures. Send at once.